

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-829,840	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2							52
3		12					53
4		21					54
5		102					55
6		161					56
7		102					57
8		87					58
9		102					59
10		87					60
11		102					61
12		7					62
13		1					63
14		1					64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1						TOTAL IND.
TOTAL DEP.	13	↓	↓	↓			TOTAL DEP.
TOTAL CLAIMS	14						TOTAL CLAIMS